



*State of New Jersey*  
***Department of Health***



*Office of Minority and Multicultural Health*

***Cook/Rutledge  
Fellowship Program***

**2016**

## **Cook/Rutledge Fellowship Requirements**

The New Jersey Department of Health (NJDOH), Office of Minority and Multicultural Health (OMMH) is the sponsor of the Cook/Rutledge Fellowship. To qualify students must be enrolled in a graduate school program of Medicine, Nursing Law, or Public Health (preferably with a focus on research design although not a requirement).

Students who are residents of New Jersey and currently enrolled in either a New Jersey university/college or, attending an out of state university/college are eligible to apply for the Fellowship. Out-of-state students attending a New Jersey university/college and residing in New Jersey temporarily during the academic year may also apply.

The fellowship placement will run for 10-12 consecutive weeks during the summer. Fellows should be prepared to discuss the OMMH vision, goals and objectives with the executive director and demonstrate an understanding of the current and relevant health equity/ health disparity issues impacting the racial, ethnic minority populations in New Jersey.

Applicants should note that requests to complete the internship after the summer months will **not** be honored. The OMMH Cook/Rutledge Fellowship is a summer program designed to begin and end during the summer months. Students who have graduated or will complete their programs by spring or summer 2016 may **not** apply. Students who are currently employed and, or have a work-visa status are **not** eligible to apply. The Fellowship has provisions for a \$6,000 stipend that is contingent upon availability of state funds.

### **Applicants are required to provide the following:**

1. Cover Letter
2. Completed Cook/Rutledge Fellowship Program Application
3. Essay - a typed, double-spaced essay (not to exceed 3 pages) describing the applicants interest and experience relevant to the Fellowship. Please include any previous experience with research and/or policy development activities related to public health, and personal goals.
4. Resume
5. Deans' Letter (or Program Advisor) on school stationery - documenting the applicant's current academic performance and that applicant will be enrolled in the medical, nursing, law or public health program during the upcoming academic year.
6. Completed Cook/Rutledge Fellowship Candidate Evaluation Form – to be Completed by Instructor
7. Two (2) Letters of Recommendation from: a) college instructors – indicating the applicants commitment to and understanding of the issues facing the racial, ethnic minority populations OR, b) community-based or faith based organization or public health organization where the applicant volunteered, worked or assisted with a health care initiative that directly impacted a racial, ethnic minority group.

### **Application Period and Deadline**

1. The applicant filing period will be from January 1, 2016 through **March 1, 2016**. Incomplete applications will **not** be reviewed.
2. Applications must be received by close of business on due date (**March 1, 2016**) .
3. Applications may sent to the OMMH via email ([www.nj.gov/health/omh/index.shtml](http://www.nj.gov/health/omh/index.shtml)) or fax: 609-292-8713 4. Or  
US postal mail:

M. Carolyn Daniels, D.H.Sc., M.Ed., Executive Director  
New Jersey Department of Health  
Office of Minority and Multicultural Health  
PO Box 360/ 225 E. State Street, 2<sup>nd</sup> Floor West  
Trenton, NJ 08625-0360

**New Jersey Department of Health  
Office of Minority and Multicultural Health**

**Cook/Rutledge Fellowship Program Application  
Summer 2016**

**Applicant's Name:** \_\_\_\_\_ **Mailing Address:**

**City, State, and Zip Code:** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Student Race/Ethnic Origin:**

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ Latino/Hispanic
- ☐ Native Hawaiian or Pacific Islander
- ☐ White

**Applicant Currently Attending** \_\_\_\_\_ **Grade Point Average (GPA)** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City, State, Zip:**

**Telephone Number:** \_\_\_\_\_

**Major:** \_\_\_\_\_

**Health Disparity Area of Interest:** \_\_\_\_\_

*ALL OF THE INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY GIVE THE OMMH PERMISSION TO USE MY NAME AND PHOTOGRAPH FOR THE PURPOSE ONLY OF PUBLIC RELATIONS AND PUBLICATIONS. NOTE - ALL INFORMATION SUBMITTED WILL BE HELD CONFIDENTIAL UNLESS OTHERWISE NOTED. THE FINAL AWARD AMOUNT WILL BE DEPENDENT UPON THE AVAILABILITY OF FUNDS DURING THE AWARD YEAR.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# COOK/RUTLEDGE FELLOWSHIP CANDIDATE EVALUATION

## (To be Completed by Instructor)

College/University	
Name of Candidate	Name of Program
Print Name of Advisor/Evaluator	Date

The characteristics listed below represent the attributes of the public health professional that the Cook/Rutledge Fellowship Internships strive to attain. **Please evaluate the applicant by circling appropriate numbers below and complete the narrative statement on page two.**

Knowledge of Public Health Issues	1	2	3	4	5
Knowledge in Special Area of Concentration	1	2	3	4	5
Knowledge of Minority Health/Health Disparity Issues	1	2	3	4	5
Analytical Skills/Logical Thinking	1	2	3	4	5
Interpersonal Skills	1	2	3	4	5
Written Skills	1	2	3	4	5
Oral Skills	1	2	3	4	5
Commitment to Public Health Service	1	2	3	4	5
Commitment to volunteer activity in minority communities	1	2	3	4	5

### Ranking:

- |                                |                                |
|--------------------------------|--------------------------------|
| 1. Significantly below average | 4. Moderately above average    |
| 2. Moderately below average    | 5. Significantly above average |
| 3. Average                     |                                |

---

Signature of Evaluator and date

## Cook/Rutledge Evaluator Narrative Statement

Please specify strengths and weaknesses of the applicant and provide any additional information that you think may be helpful to our selection process.

[illegible]

Evaluator Signature/ Date: \_\_\_\_\_

